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From-Pfizer Inc. Patent Dept. NYHQ 20th FL.

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Attorney Docket No. 3167/12A/US  
HDP Docket No. 6794F-000032/US/DVK

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Jaime L. Masferrer  
Application No. 10/692,643  
Filed: October 24, 2003  
Title: ANTIANGIOGENIC COMBINATION THERAPY FOR THE TREATMENT  
OF CANCER  
Group Art Unit: 1614  
Confirmation No: 8629  
Examiner: R. Cook  
Attorney Ref: 3167/12A/US  
HDP Ref: 6794F-000032/US/DVK

REVOCATION OF POWER OF ATTORNEY  
SUBSTITUTE POWER OF ATTORNEY AND  
CHANGE OF CORRESPONDENCE ADDRESS

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

The Assignee of the above-identified patent application or issued patent,  
Pharmacia Corporation, Global Patent Department, having a business office at 700  
Chesterfield Parkway West at Chesterfield, Missouri 63017-1732, hereby revokes any  
and all previous powers of attorney for the above-identified patent  
application or issued patent, and hereby appoints:

Harness, Dickey & Pierce, P.L.C.  
7700 Bonhomme Avenue, Suite 400  
Clayton, Missouri 63105, USA  
Phone: 314-726-7500  
Fax: 314-274-7501  
Customer No. 47376

EL 961489539 US





Attorney Docket No. 3167/12A/US  
HDP Docket No. 6794F-000032/US/DVK

With full power of substitution and revocation, to prosecute this application and any provisionals, continuations, continuations-in-part, divisionals, appeals, reissues, substitutions and extensions thereof and to transact all business in the patent and Trademark Office connected therewith.

All correspondence and telephone calls concerning the above-referenced application should be directed to the Applicant's attorney at the following address:

James C. Forbes, PTO Ref. No. 39,457  
Harness, Dickey & Pierce, P.L. C.  
7700 Bonhomme, Suite 400  
Clayton, Missouri 63105  
(847) 412-6350 (direct tel)  
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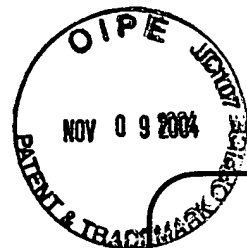
The undersigned (whose title is supplied below) is empowered to sign this Revocation and Substitute Power of Attorney on behalf of the Assignee.

I hereby declare that all statements made herein on my own knowledge are true, and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issued thereon.

Respectfully submitted,

8 November 2004  
Date:

Grover F. Fuller, Jr.  
Grover F. Fuller, Jr., Esq.  
Assistant Secretary  
Title



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	10/692,643
		Filing Date	October 24, 2003
		First Named Inventor	Jaime L. Masferrer
		Art Unit	1614
		Examiner Name	R. Cook
Total Number of Pages in This Submission	4	Attorney Docket Number	3167/12A/US (6794F-000032/US/DVK)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Return postcard</b>
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David M. Gryte, PTO Reg. No. 41,809 Harness, Dickey & Pierce, P.L.C.
Signature	
Date	November 9, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	David M. Gryte	Express Mail Label No.	EL 961489539 US
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**CHANGE OF  
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Address to:  
Commissioner for Patents  
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Application Number	10/692,643
Filing Date	October 24, 2003
First Named Inventor	Jaime L. Masferrer
Art Unit	1614
Examiner Name	R. Cook
Attorney Docket Number	3167/12A/US (6794F-000032/US/DVK)

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number: 47376

OR

<input type="checkbox"/> Firm or Individual Name	James C. Forbes Harness, Dickey & Pierce, P.L.C.				
Address	7700 Bonhomme Avenue, Suite 400				
Address					
City	Clayton	State	MO	Zip	63105
Country	United States of America				
Telephone	314-726-7500		Fax	314-726-7501	

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I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.  
Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 41,809.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_.

Typed or  
Printed Name     David M. Gryte, PTO Reg. No. 41,809

Signature

Date             November 9, 2004

Telephone     314-726-7500

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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